



Office of the Building Official  
777 Lynn Street  
P.O. Box 427  
Herndon, VA 20172-0427  
(703) 435-6850 Phone  
(703) 318-8492 Fax

### Temporary Sales Stand or Trailer Building Permit Application

**Site Location:**

Address: \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Architect/Engineer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License #: \_\_\_\_\_ Exp: \_\_\_\_\_

**Contractor Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License#: \_\_\_\_\_ Exp: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_**Project Information:**

Est. Construction Cost: \$ \_\_\_\_\_

Type of Sales: \_\_\_\_\_

Expected Occupancy: \_\_\_\_\_

Size of Trailer/Stand: \_\_\_\_\_

USBC Code Year: \_\_\_\_\_

Description/Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submitter Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I hereby certify that I have the authority to make this application, that the information given is correct, and that used and construction shall conform to the County Health Regulations, the Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property. Furthermore, I certify that all materials used for work performed under this permit will be paid directly to the supplier by the property owner, and that all compensation will be on an hourly basis and paid by the property owner directly to the person(s) performing work under this permit.

\_\_\_\_\_  
Signature of Contact, Owner or Authorized Agent\_\_\_\_\_  
Date\_\_\_\_\_  
Phone Number\_\_\_\_\_  
Print Name

RETURN THIS COMPLETED APPLICATION TO THE BUILDING OFFICIALS OFFICE FOR ISSUANCE OF A BUILDING PERMIT